LAKES OF JACARANDA ARCHITECTURAL CHANGE REQUEST

Bldg/Unit:		Date:	
NAME OF APPLICANT(S)			
		, Plantation, Fl 33324.	
TELEPHONE NUMBER: (H)		(C)	
		NDITIONS FOR APPROVAL	
1. This application will not be process	sed unless signed by app	plicant(s) where indicated * and the required supporting material	is
submitted. 2. All requests for apartment modifi accompanied by a survey of the prope	cations, additions, fence	es, landscape improvements or other such improvements must of plan and specifications prepared by an architect, engineer, priv	be ate
contractor or other qualified person shall information contained in these plans	and specifications must sl	how the nature, kind, shape, height, materials, color and location of	the
requested change or alteration. 4. As a condition precedent to grantin assumes sole responsibility for the repai	g any request for a chan ir, maintenance or replace	ige, alteration or addition, the applicant, his heirs and assigns, here ement of any such addition, alteration or change and agree to maint	eby tain
6. Approval of this request does not co	nstitute approval of the s	on or interference with existing facilities and easements on the prope structural integrity of the requested modification and is intended so	
 Approval is conditioned upon all approval 	plicable governmental pe	ermits or approvals obtained by the applicant prior to construction	and
		ailure to implement work within 90 days will require the homeowne	
		ed and returned to the applicant signed by an authorized representa	
No work may be commenced until the fthe Board.	his form has been process	ed and returned to the applicant signal and applicant	
governing Documents of the Communi	ty, to which I/we belong	of, the Declaration of Covenants, Conditions and Restrictions of and in acknowledgement of, and in agreement with, the above standification, change or improvement upon my/our property. (Describere indicated. If more space is needed, please use reverse s	oe in
		*	
* Signature of Applicant		Signature of Co-Applicant	
ASSOCIATION ACTION TAKEN:		MICONADISTE	
Your request is: APPROVED The following additional information	conditionally appro	OVEDDISAPPROVED INCOMPLETE val is conditional upon:	_
	:		_
BY:		Date:	
ARC Form 2012.05	!		